

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 1 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905 (a) of the Social Security Act  
42 CFR 440.50 § 440.6 & 441.50 thru 62

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 1,690,390

b. FFY 2001 \$ 70,142,337

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 3  
Attachment 4.19-B, Page 8  
Attachment 4.19-B, Page 12  
Attachment 4.19-B, Page 329. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 12/01/92, TN#92-27

10. SUBJECT OF AMENDMENT:

Revising payment methodology for physician's services, radiology services,  
other practitioners services (such as psychologist, nurse mid-wives, nurse  
practitioners and incorporating EPSDT and optometrist services into fee  
schedule.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9/27/00

16. RETURN TO:

Oklahoma Health Care Authority  
Attn: Billie Wright  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09-28-00

18. DATE APPROVED:

December 22, 2000

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

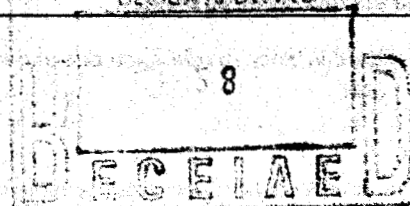
August 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME: Andrew Fredrickson,  
for Calvin G. Cline22. TITLE: Acting, Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty  
Billie Wright  
Jim Hancock

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

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1. Payment for physicians' services (includes medical and remedial care and services)

Payment for physician's services, radiology services and services rendered by other practitioners under the scope of their practice under State law, are covered under the Agency fee schedule. The payment amount for each service paid for under the fee schedule is the product of a uniform relative value unit (RVU) for each service and a conversion factor (CF). The CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$\text{RVU} \times \text{CF} = \text{Rate}$$

EPSDT screenings and eye exams by optometrists have been incorporated into the fee schedule.

In order to assure access to obstetrical care for delivery, antepartum and postpartum care, a different Conversion Factor has been used.

This methodology does not apply to rates for anesthesia services. Fees for anesthesiology are based on a statewide-based methodology established by the state.

The fee schedule for the above listed services are maintained on the Agency computer database and in the Agency library.

Adjustments to the payment limits on an individual procedure will be considered by the Procedure Review Committee on a periodic or as needed basis as requested by medical providers.

STATE	<u>Oklahoma</u>	A
DATE RECD	<u>09-28-00</u>	
DATE ADJ'D	<u>12-22-00</u>	
DATE EFF	<u>08-01-00</u>	
HCEA 179	<u>00-11</u>	

Revised 08-01-00

TN# 00-11 Approval Date 12-22-00 Effective Date 08-01-00  
Supersedes  
TN# 02-27

State OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

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7. Payment for psychological services

Payment is made for psychological services on behalf of eligible individuals under 21 years of age through EPSDT.

Psychological services payments are made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3, (Payment for physicians' services {including remedial care and services}).

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DATE APPVD	<u>12-22-00</u>	
DATE EFF	<u>08-01-00</u>	
HCFA 179	<u>00-11</u>	

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
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11. Payment for nurse-midwives

Nurse-midwives services payments are made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3, (Payment for physicians' services {including remedial care and services}).

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Certified Pediatric Nurse Practitioners Services

Certified Pediatric Nurse Practitioners (known as Advanced Practice Nurses under the Nurse Practice Act of Oklahoma) services payments are made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3, (Payment for physicians' services {including remedial care and services}).

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